(d) Guidelines and procedure laid down for management of AIDS cases and associated arrangement for hospital infection control and handling and disposal of dead bodies are constantly under review Pending establishment of an AIDS unit interim arrangements are being made to provide medicare facilities in O PD/STD/Emergency clinics.

Review of family planning Programmes

796. SHRI HARVENDRA SINGH HANSPAL : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government's attention has been drawn to the news item captioned 'India fails to achieve small family norm' as reported in the Indian Express of the 26th February, 1990 ;

(b) if so, whether it is a fact that despite huge financial allocation and three decades of subsidised family planning programmes, the target of small family norm has not been achieved;

(c) whether Government pro - pose to review the existing family planning programmes to make them more effective ; and

(d) if so, by when?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI NILAMANI ROUTRAY): (a) Yes, Sir.

(b) The long term goals to be achieved is to rech not production rate of unity by the year 2000 A.D. The demographic goals laid down as a part of the National Health Policy by the year 2000 A.D. are :—■

(a) Crude Birth Rate	21 per thousand
<b) Crude Death Rate	9'per thousand
(c) Infant Mortality Rate	Below 60 par thousand live births.'
(d) Effective Couple Protection Rate (CPR)	60%

The corresponding goals to be reached by the end of 7th Plan are :—

(a) Crude Birth Rate	29. l per thousand
(b) Crude Death Rate	10.4 per thousand
(c) Infant Mortality Rate	90 per thousand live births
(d) Effective Couple Protection Rate	42%

As a result of implementation of Family Welfare Programme in the country, total fertility rate has come down from 6.4 in 1972 to 4.2 in 1986, birth rate has declined from 41.2 per thousand in 1961-71 to 31.3 in 1988 (Prov.), infant mortality rate has come down to 94 per thousand in 1988 (Prov.) from 139 in 1972 and couple protection rate has risen to 41.9% as on 31-3-89. More than 106 million births are estimated to have been averted so far. The programme has been able to create almost universal awareness about family planning both in rural and urban areas.

Some of the important factors inhibiting progress of family welfare programme in India are listed below :—

(i) In agricultural and traditional societies children especially male children are perceived to be a source of income generation for the family and are, therefore, viewed in terms of their economic value.

(ii) There is a strong preference for male children Which is linked to religious beliefs and old age security.

(iii) Low female literacy rate.

(iv) The low age of marriage of females.

(v) High prevalent infant mortality rate despite reduction.

(vi) Low plan outlay on the family welfare programme on account of competing claims of various 6ectors on resources. The Share of outlay for this programme[1] ranges between 1.1 to 1.8% of the public sector outlays.

(c) and (d) The family welfare strategy is being reviewed parti cularly in the context of 8th Five Year Plan. The various proposals and alternatives including relatings to incentives/disincentives are being examined in this context. No final decision has been taken in the matter as yet.

Herbal Treatment for AIDS

797. SHRI HARVENDRA SINGH HANSPAL Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the World Health Organisation has affirmed that some of the plants used in AIDS treatment in Africa have shown biological, activities for anti-HIV activity and may control AIDS ;

(b) whether the All India Institute of Medical Sciences or Medical researchers propose to go through the use of plants for anti-HIV activity to control AIDS ; and

(c) if so, what are the details thereof ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI NILAMANI ROUTRAY) : (a) Yes.

(b) and (c) At the Central Drug Research Institute in Lucknow, India, there has been an ongoing programme to screen Indian plants for a broad array of biological actitviies, including antitumour and antiviral effects. A few active plants have been uncovered in this programme, but useful agents have not' been identified. The basis for plant collection was primarily random.

Manufacture of Alcohol by Licensed Units

798. SHRI HARVENDRA SINGH HANSPAL : Will the Minister of PETROLEUM AND CHEMICALS be pleased to state :

(a) whether the Central Government have asked all the State Governments to immediately stop issuing of licences for manufacture of alcohol

(b) if so, whether it is a fact that a large number of alcohol manufacturing units in various parts of the country are functioning without obtaining any approval from the Central Government; and

(c) if so, what are the details of the steps Government propose to take to ensure that only those units should function which have been granted approval by the centre ?

THE MINISTER OF PETROLEUM AND CHEMICALS (SHRI M. S. GURUPADASWAMY) :: (a) Yes, Sir.

(b) and (c) All State Governments have been asked to direct the manufacturing units functioning in. the States without valid approvals from the Central Government to approach the Central Government immediately for obtaining the neces sary approvals. This point has repeatedly been emphasized on the State Governments specially during